

## Hospice and Vent/Vent Weaning Billing Guidelines

*Information for all network providers*

Notice: Hospice Billing for Nursing Facility Room and Board (HCPC T2046) and Ventilator/Ventilator Weaning Services

### Highlights

- Only accepting Health Care Financing Administration (HCFA) form (CMS-1500) for Hospice Nursing Facility Room and Board (NF R&B).
- Only accepting UB04 form for ventilator and ventilator weaning.
- Must include diagnosis code Z99.11 for ventilator and ventilator weaning services (does not have to be primary).

I. **Hospice NF R&B (HCPC T2046):** Hospice providers billing for nursing facility room and board must bill using the HCFA form (CMS 1500). The name **of the nursing facility** in which the services were delivered must be placed in Box 32 and the National Provider Identifier (NPI) related to the nursing facility must be placed in 32a.

II. **Hospice Ventilator and Ventilator Weaning Claims:** Ventilator Dependent and Ventilator Weaning (i.e., O410, O419) claims must be billed using the UB04 Institutional form.

Type of Bill – 81X/O81X: If the claim is billed with the incorrect Type of Bill, the claim will deny as incorrect billing.

When billing Ventilator Dependent and Weaning claims, the hospice provider is required to include the Name and NPI of the nursing facility in which the services were delivered in Box 80 (Remark code). When billing for Ventilator and/or Ventilator Weaning services, the diagnosis code **Z99.11** must be included.

Any claims for NF R&B or Ventilator/Ventilator Weaning that do not meet the instructions in this guidance may be denied and require the submission of an adjusted claim. Nursing facility hospice (T2046) and vent/vent weaning services are not billable on the same date of service.

Note: The current listing of facilities with Medicaid IDs can be found at [medicaid.ohio.gov/resources-for-providers/enrollment-and-support/provider-types/nursing-facilities/nursing-facilities](https://www.medicaid.ohio.gov/resources-for-providers/enrollment-and-support/provider-types/nursing-facilities/nursing-facilities) under “Nursing Facility Rates.” This information will allow claims to be properly priced avoiding backend work and delay.

## 2023/2024 Open Enrollment

*Information for all network providers*

**Medicaid and MyCare Ohio:** Open enrollment period will run Nov. 1, 2023 – Nov. 30, 2023. During this time, members are able to:

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- [2023/2024 Open Enrollment](#)
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- [Prepayment Claim Audit](#)
- [E&M Update](#)
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### Updated In This Issue

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- [MCG Auto-Auth Adv. Imaging](#)
- [Provider Training Sessions](#)

### In Case You Missed It

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- [TenderHeart Health Outcomes](#)
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- [Changes to Provider Manual](#)

### Questions and Quick Links

Provider Services – (855) 322-4079  
Mon. – Fri. 7 a.m. to 8 p.m. for Medicaid, 8 a.m. to 6 p.m. for MyCare Ohio and 8 a.m. to 5 p.m. for Medicare and Marketplace

- Email: [OHProviderRelations@MolinaHealthcare.com](mailto:OHProviderRelations@MolinaHealthcare.com)
- Provider Website: [MolinaHealthcare.com/OhioProviders](https://www.MolinaHealthcare.com/OhioProviders)
  - [Provider Manual](#)
  - [PA Code List](#)
  - [PA Request Form](#)
  - [Provider Bulletin Archive](#)
  - [It Matters to Molina Page](#)
  - [Provider Portal](#)

### Join Our Email Distribution List

Did you receive this provider bulletin via fax? Sign up at [MolinaHealthcare.com/ ProviderEmail](https://www.MolinaHealthcare.com/ProviderEmail) to receive it via email.

- Select their plan by calling the Ohio Consumer Hotline at (800) 324-8680 or by visiting [members.ohiomh.com/Login.aspx](https://members.ohiomh.com/Login.aspx).
- If a member does not wish to change their current plan, then no action is required.

As a reminder, ODM resumed the Redetermination (renewal) process on Feb. 1, 2023 with the first round of disenrollments effective on May 1, 2023. **Redetermination and Open Enrollment are NOT the same.** Members must complete redetermination requests or risk losing coverage.

Open Enrollment vs. Redetermination:

- Open Enrollment is an annual voluntary event that provides patients the opportunity to change their managed care plan.
- Redetermination is an annual required activity that confirms your patients are still Medicaid eligible.

How can Molina help with redetermination? Molina can provide:

- Patient literature about Medicaid renewal.
- Lunch and Learn for staff with redetermination education.
- Monthly redetermination files for Molina members/patients your practice cares for.
- Onsite (and patient outreach) support on Application Assistance Days.

For more information contact your local Community Engagement Specialist. If you need assistance with identifying who your Community Engagement rep is please reach out to [MHOCCommunityOutreach@MolinaHealthcare.com](mailto:MHOCCommunityOutreach@MolinaHealthcare.com).

**Marketplace:** Open enrollment will run Nov. 1, 2023 – Dec. 15, 2023.

**Medicare:** Open enrollment will run Oct. 15, 2023 – Dec. 7, 2023.

### Claim Hold on Marketplace Prospective Payment System Information for Marketplace providers

Based on scheduled Optum updates for the **Inpatient Payment System**, Molina will implement a Prospective Payment System (PPS) hold for impacted inpatient claims. These claims will remain on hold for dates of service on and after Oct. 1, 2023 until the updates are deployed on Nov. 16, 2023. Any impacted claims will be released after the Optum updates are final.

### 2023/2024 Flu Season Recommendations Information for all network providers

Molina has adopted the Advisory Committee on Immunization Practices (ACIP) Influenza Vaccination Recommendations that stipulate all people six months of age and older who do not have contraindications should receive licensed, recommended and age-appropriate flu vaccinations.

You can review the entire set of recommendations, including information about persons at risk for medical complications due to severe flu, on the Centers for Disease Control (CDC) website

### Connect with Us

[facebook.com/MolinaHealth](https://facebook.com/MolinaHealth)

[twitter.com/MolinaHealth](https://twitter.com/MolinaHealth)

### Provider Training Sessions

#### It Matters to Molina Forums:

- Open Forum: Tues., Oct. 31, 1 to 2 p.m.
- Molina Provider Website Navigation: Wed., Nov. 29, 1 to 2 p.m.

#### General Provider Orientation:

- Fri., Oct. 6, 12 to 1 p.m.
- Thurs., Nov. 9, 11 a.m. to 12 p.m.

#### MLTSS Provider Orientation:

- Mon., Oct. 16, 2 to 3 p.m.

#### Model of Care:

- Tues., Oct. 10, 1 to 2 p.m.
- Fri., Nov. 3, 12 to 1 p.m.

#### Molina Dental Services Training:

- Tues., Oct. 31, 10 to 11 a.m.
- Wed., Nov. 29, 9 to 10 a.m.

Provider training sessions are in Microsoft Teams. Please visit the IMTM page on our Provider Website and click on the desired training to access meeting details.

#### Availity Essentials Portal Training:

- Thurs., Oct. 12, 2 p.m.
- Tues., Oct. 24, 1 p.m.
- Contact [training@availity.com](mailto:training@availity.com) at any time to receive Availity Portal training.

Register for the Availity General Training in the Availity Portal. Under "Help & Training," select "Get Trained." Select the "Sessions" tab and choose a session.

### "It Matters to Molina" Corner Info for all network providers

Molina Healthcare of Ohio is now offering the opportunity for entry into a monthly drawing for a prize! To enter, you must join one of our provider trainings and share your name and email address during the training.

Molina hosts Live Provider Trainings that include:

- It Matters to Molina Forums.
- Provider Orientations.

at [cdc.gov/flu](https://www.cdc.gov/flu). View helpful information on the 2023-2024 season by selecting "About Flu" and then "This Flu Season" and "Information for the [2023-2024 Flu Season](#)." Find Ohio resources at [odh.ohio.gov/know-our-programs/seasonal-influenza/resources](https://odh.ohio.gov/know-our-programs/seasonal-influenza/resources).

The flu vaccine is a covered benefit for Molina members. Members can receive the vaccine at an Ohio Medicaid contracted pharmacy and/or PCP office. For more information about the flu vaccine benefit, members can contact Member Services using the number on the back of their member ID cards. Thank you for helping keep your patients healthy during this flu season!

Members may receive one or more of the following communications:

- Verbal flu shot reminder when members contact Molina.
- Newsletter article about the importance of getting a flu shot.
- Preventive tips available on the Molina Provider Website.
- Calls from Molina Care Managers and Pharmacists encouraging members to receive a flu shot.
- Social media messages encouraging members to get a flu shot.
- A planner to track recommended preventive care services.

### New Molina CES Edit 9531 Inappropriate Modifier to Diagnosis Combination

#### *Information for Medicaid and MyCare Ohio providers*

Effective Nov. 1, 2023, based on guidance from the Centers for Disease Control and Prevention (CDC), Edit 9531 will deny Medicaid Professional claims when the diagnosis code and modifier combination are not appropriate. Laterality and anatomical site are part of specific ICD-10 diagnosis codes and because of this, conflicting laterality/anatomical site modifiers should be identified. Find additional information at [cdc.gov/nchs/icd/icd-10-cm.htm](https://www.cdc.gov/nchs/icd/icd-10-cm.htm).

### Optum Prepayment Claim Audit

#### *Information for all network providers*

Effective Nov. 1, 2023, Optum, on behalf of Molina, will expand the prepayment claim audit process to include auditing of the following:

- Professional claims where fracture or dislocation codes without manipulation are being reimbursed in place of service 20 (Urgent Care) or 23 (Emergency Dept.).

Note: Medical records may be requested prior to payment.

Reminder: Molina, in partnership with Optum, performs prepayment medical record audits. This process utilizes billing practice guidelines to support uniform billing and coding for all payers. The prepayment review of claims and medical records ensures claims are billed accurately and coded correctly in accordance with CPT, state and federal policies. The concepts utilized for the prepayment audit are in alignment with correct coding practices and incorporate a review of medical records to validate the submitted medical coding of services. This is not a medical necessity review.

- Specialized Orientations.
- Model of Care Training.

Visit the "It Matters to Molina" page and view upcoming trainings under the "Upcoming Trainings" header.

### Q3 Provider Newsletter

#### *Info for all network providers*

The [Q3 2023 Provider Newsletter](#) is available on the Provider Website on the "Communications" tab.

Articles in this edition include:

- Availity Essentials is Molina's Exclusive Provider Portal
- Medicare Post Acute Clinical Request Form
- 2023 Molina Model of Care Provider Training
- Enhanced Behavioral Health Toolkit for Providers Now Available
- Important Information – Updating Provider Information
- Practitioner Credentialing Rights: What You Need to Know
- Molina's Utilization Management
- Drug Formulary and Pharmaceutical Procedures
- Care Management
- Resources Available on Molina's Provider Website
- Translation Services
- Patient Safety
- Care for Older Adults
- Hours of Operation
- Non-Discrimination
- Member Rights and Responsibilities
- Population Health
- Quality Improvement Program
- Standards for Medical Record Documentation
- Preventive Health Guidelines
- Clinical Practice Guidelines
- Advance Directives
- Behavioral Health
- Care Coordination and Transitions
- Health Risk Assessment and Self-Management Tools
- Clinical Policy Update Highlights from Second Quarter 2023
- Provider Manual Updates

### Reminder: Medicaid Enrollment Requirements

## Evaluation and Management (E/M) Update

### *Information for providers in all networks*

As a reminder, on Aug. 1, 2020, Molina implemented a program to evaluate and review high-level Evaluation and Management (E/M) services for practitioners that appear to have been incorrectly coded based upon diagnostic information that appears on the claim and peer comparison.

The following are example remittance messages which may be included on but are not limited to, E/M claims processed:

- Line [X] Service Code '99204, 99205, 99215, 99214' visit level lowered to '99203, 99204, 99213, 99214.'
- This claim line was processed using a code that more accurately represents the treatment received.
- The information submitted on the claim does not support the code originally billed. The provider has been reimbursed using the level [insert level] E/M code which more appropriately supports the information submitted on the claim.
- Payer deems the information submitted does not support this level of service.
- Alert: Payment based on an appropriate level of care.

If you disagree with Molina's findings after this review, you have the right to appeal the decision. Please follow the standard claim reconsideration/non-clinical claim dispute process.

## Dexcom Web Series: Continuous Glucose Monitors (CGMs)

### *Information for all network providers*

Dexcom, a leading manufacturer of Continuous Glucose Monitors (CGMs) is offering educational webinars on CGMs in October for providers and their staff.

Available sessions are 30-45 minutes in length and include:

- Oct. 5, 12:30 p.m. Session: Integrating Dexcom Clarity Software into Your Practice. Overview of Dexcom Clarity, setting up a clinic and benefits for you and your patients.
- Oct. 19, 12:30 p.m. Session: Overview of consensus for Time In Range and strategies to help engage patients as part of a diabetes management plan.

Register at the link below by selecting the date/time of the training(s) you wish to attend.

- <https://outlook.office365.com/owa/calendar/StaceyHuberDexcomBookingsPage@dexcom.onmicrosoft.com/bookings/>

Providers also have the opportunity to use the registration link to schedule 1:1 time with Stacey Huber, Senior Clinical Account Manager at Dexcom.

## Updated: Molina Policy COVID-19 Bypasses

### *Information for all network providers*

Molina is postponing the Oct. 1, 2023, plan to turn the edits back on that were previously paused due to the Public Health Emergency.

## *Information for Medicaid providers*

As a reminder, any provider, group ordering or referring who is not enrolled and noted as "active" in the ODM Provider Network Management (PNM) system will receive denials for claims submitted to Molina. Claim denials will continue until the provider's Medicaid enrollment is noted as an "active" status.

Note: Providers who update their records after claims begin rejecting will need to submit corrected claims once the records are updated.

Visit [medicaid.ohio.gov](https://medicaid.ohio.gov) for additional information. Note that Medicaid enrollment is required by the CFR rule 42 CFR 438.602.

## Reminder: Review Your Molina Medicaid Member's Renewal Date in Availity

### *Information for Medicaid providers*

Perform individual Eligibility verifications in Availity. Results will show a redetermination date for any member upcoming in the next 60 days in scenarios where the member needs to take action.

- Log in to Availity.
- Choose to do an Eligibility and Benefits Inquiry.
- Enter the patient's information and click submit: Enter in either Molina Member ID or state ID along with Date of Birth (DOB) and select the state of residence. If you do not have the Member ID, enter the First Name, Last Name and DOB and select the state of residence.
- If the member has a renewal date coming within 60 days and needs to take action, a message will display with their renewal date.
- If the member does not have a renewal date coming within 60 days and/or does not need to take action, a message will not appear.

These edits will be turned on at a later date, to be communicated to the network. Edits include:

- Modifiers for Telehealth: Claim lines that are reported with any COVID-19-related modifiers: 95, CG, CR, CS, G0, GQ, GT. Edits will start firing on inappropriate code-modifier combinations.
- Place of Service (POS) for Telehealth: When claims are reported with any COVID-19 related modifiers 95, CG, CR, CS, G0, GQ, GT and reported in telehealth POS 02, 12, 13. The edit will start firing on inappropriate code-POS combinations.
- New Patient with Telehealth POS: This edit will deny a new patient visit when a previous new patient visit has been reported by a provider of the same specialty within the same group practice within the last three years for POS 02, 12, 13.

Note: Molina will continue to allow Modifiers 93, 95 and GT for Behavioral Health codes.

### Updated: MCG Auto-Authorization Advanced Imaging: Cite AutoAuth

#### *Information for all network providers*

Molina continues to enhance the Advanced Imaging Prior Authorization (PA) process. Molina has partnered with MCG Health to offer Cite AutoAuth self-service for High-Cost Advanced Imaging PA requests.

Providers can receive an expedited, often immediate, response by attaching the relevant care guideline content to each PA request and sending it directly to Molina. Cite AutoAuth matches Molina criteria to the clinical information and guideline content to potentially authorize the procedure automatically.

- Self-service tools include but are not limited to, MRIs, CTs and PET scans. View the PA Code LookUp Tool on the Provider Website for a full list of imaging codes that require PA.
- Access Cite AutoAuth in the Availity Essentials Portal. Providers should utilize Availity as their primary submission route. Submission is also available via fax at (877) 731-7218 and phone at (855) 714-2415.
- View Molina's Cite AutoAuth video at [youtube.com/watch?v=Lmjywx16Qoo](https://www.youtube.com/watch?v=Lmjywx16Qoo) for more details.

#### PA Reminders:

- Refaxing/resubmitting requests can cause delays in processing.
- Allow 24-48 hours before calling for a status update.
- There is a high risk of denials without clinical notes.
- Expedited/Urgent requests should only involve a serious threat to the member's health.

#### Benefits of Availity Essentials Portal submission:

- Improve processing time from days to potentially minutes.
- Reduces disruptions to member care.
- Real-time authorization (MCG-CAA below).
- Eliminates phone wait time and manual faxes.
- Clinical documentation can be submitted electronically.

**As a reminder,** ODM resumed the Medicaid renewals (also referred to as "Medicaid redeterminations") process on Feb. 1, 2023. The first disenrollments for non-renewal or loss of eligibility, occurred on April 30, 2023, with a May 1, 2023, effective date.

Please visit the FAQs on Molina's website [Medicaid Renewals](#), to learn more. Primary Care Providers may also access Renewals information on their member rosters located in Availity.

### Reminder: EOP and 835 Files Refund Reporting Enhancement *Info for all network providers*

On July 24, 2023, Molina made enhancements to the reporting of refunds received that are displayed on the Explanation of Payment (EOP) and 835 files.

Refund amounts were previously combined as a bulk total for the payment with a reference ID of the payment check history ID (CHKHST ID) on an EOP and 835. These sections will be updated to utilize a reference ID of the claim itself, allowing for more precise reporting of these transactions. Note: The setup of using WO/72 code types will remain. Updates include:

- EOP: Reference ID on the EOP adjustment section will reflect the claim ID for the transactions related to each refund posting and no longer use the check history ID.
- Provider Level Balance (PLB) segment on the 835: Items labeled as Provider Return/Refund credit reflect on the 835 as adjustment code type 72 with a reference ID of the claim ID for each refund. Items labeled Overpayment Recovery reflect on the 835 as adjustment code type WO with a reference ID of the claim ID for each refund. This is Molina's method of recording refunds received and will result in a net total of \$0.00 on the payment.

- [Automated tools improve efficiency and HIPAA compliance.](#)
- [Transparency on PA status.](#)

#### Clinical Notes Needed for Medical Necessity:

- Any lab test results that were not available at the time of the submission.
- Any previous imaging results such as ultrasounds, echocardiograms, X-rays, CT, MRI or PET scan reports.
- Reports of any investigative or therapeutic procedures such as endoscopy, biopsies or surgery.
- Recent (within the past six months) reports from other specialist consultants and/or physical or occupational therapists.

### Reminder: New Services Added to Prepayment Coding Validation

#### *Information for all network providers*

Molina, in partnership with Optum, performs prepayment medical record audits. This process utilizes billing practice guidelines to support uniform billing and coding for all payers. The prepayment review of claims and medical records ensures claims are billed accurately and coded correctly in accordance with CPT, state and federal policies. The concepts utilized for the prepayment audit are in alignment with correct coding practices and incorporate a review of medical records to validate the submitted medical coding of services. This is not a medical necessity review.

Effective Oct. 1, 2023, Optum, on behalf of Molina, will expand this process to include auditing of the following services. Medical records may be requested prior to payment.

- Potentially Upcoded Musculoskeletal Excision Procedures.
- Radiation Therapy and Planning Management services billed more frequently than industry standard and/or code description.

### Reminder: TenderHeart Health Outcomes Partnership

#### *Information for Medicaid and MyCare Ohio providers*

Effective Nov. 1, 2023, Molina is launching a new partnership with TenderHeart Health Outcomes. TenderHeart offers incontinence services and supplies. Molina members who choose to receive incontinence supplies from TenderHeart will have access to a personal incontinence coach to help ensure they have the right product(s) for their comfort and to prevent leakage. TenderHeart's program will help members to avoid negative health outcomes, such as skin breakdown and urinary tract infections.

Members will receive a letter from TenderHeart explaining the program and how to select TenderHeart as their new incontinence supplier. Members may also choose to stay with their current incontinence supplies provider. If a member chooses to join the TenderHeart program, they will still be able to receive other durable medical equipment items from their current provider. Or if a member receives an order for new durable medical equipment items

View the April Provider Bulletin for the previous [EOP and 835 Files Refund Reporting Enhancement](#) article with additional information.

### Reminder: Marketplace Skilled Nursing Facility Per Diem

#### *Info for Marketplace providers*

For Skilled Nursing Facilities with contracts containing updated Marketplace reimbursement rates, the following guidelines apply.

Billing with Revenue Code 0120 is no longer appropriate for per diem reimbursement. Only the following Revenue Codes should be used for per diem reimbursement:

- SNF Level 1 (Rev Code 0191): \$230 per diem.
- SNF Level 2 (Rev Code 0192): \$300 per diem.
- SNF Level 3 (Rev Code 0193): \$400 per diem.
- SNF Level 4 (Rev Code 0194): \$480 per diem.
- SNF Level 5 (Rev Code 0199): \$590 per diem.

SNF Level of Care Guidelines:

Per Diem Inclusions: Per diems include but are not limited to:

- Skilled nursing care.
- Room and board (including enteral feedings).
- Laboratory services.
- All medications, including IV.
- Medical/surgical supplies.
- Oxygen and supplies.
- Durable Medical Equipment (DME) (to be used by the member while at the facility, which include but are not limited to, overlay air mattresses, Positive Airway Pressure [PAP] therapy and bariatric equipment.
- Medical social work.
- Physical Therapy (PT)/Occupational Therapy (OT)/Speech Therapy (ST) treatments.
- Respiratory therapy.
- Basic diagnostic tests (completed at the facility).
- Portable X-ray services.

outside the scope of TenderHeart, the member may choose any in-network provider to dispense those items. Please contact our Provider Services Team for more information about this program.

### Reminder: Value-Added Benefits

#### *Information for Medicaid providers*

Medicaid members are eligible for additional value-added benefits through Molina, including:

- \$0 co-pay for health visits, eye exams and semi-annual dental cleaning.
- Up to three months of Weight Watchers, including support from a Molina health coach.
- Three months of Amazon Prime, including grocery and everyday item delivery.
- Standard frames and lenses every 12 months. Kids also receive up to a \$150 allowance for contact lenses every 12 months.
- Virtual Care with Teladoc®.
- Additional Transportation benefits.
- My Molina phone app and [MyMolina.com](https://www.myl Molina.com) with 24/7 online connection to health care.
- Benefits for pregnant members include up to \$250 in gift cards. Find additional information in the [August 2023 Provider Bulletin](#) article Member's Obstetric and Gynecological Health Reminder.

For details on these items and more, review the [Value Added Benefits for Members](#) document on our Provider Website, on the It Matters to Molina page, under Tools and Resources.

### Reminder: ORP Provider Information

#### *Information for all network providers*

Molina recognizes claims are incorrectly warning for provider types 21 (Medical Group) and 19 (Managed Care Organization) as requiring an Ordering, Referring or Prescribing (ORP) provider. Please disregard the remit message until Molina's system is updated. Currently, Molina is not denying claims for missing ORP providers.

### Reminder: Annual Mandatory Model of Care Training

#### *Information for Medicare providers*

The Centers for Medicare and Medicaid Services (CMS) requires contracted Medicare medical providers to complete basic training on the Dual Eligible Special Needs Plan (D-SNP) Model of Care by Dec. 31, 2023.

- Molina will host monthly Model of Care provider training to help train you and your staff and address questions. Find an upcoming training in the Provider Training Session article.
- Find information on Model of Care requirements in the [Model of Care Provider Bulletin](#).

#### Per Diem Exclusions

- Physician coverage.
- Psychiatric evaluations, psychotherapy and psychopharmacology services.
- Continuous Ambulatory Peritoneal Dialysis (CAPD)/hemodialysis.
- Customized wheelchairs.
- Devices and equipment needed for home placement and use only.
- Ambulance transportation.
- Total parental nutrition (TPN).
- Wound vacuum.
- Customized orthotics, prosthetics and orthopedic devices made for individual use.
- High-cost medication (considered on a case-by-case basis).

### Notice of Changes to PA Requirements

#### *Info for all network providers*

Molina posts new comprehensive PA Code Lists to our website quarterly. However, changes can be made to the lists between quarterly updates. Always use the lists posted on our website under the Forms tab instead of printing hard copies. This practice ensures you access the most up-to-date versions.

### Notice of Changes to the Provider Manual

#### *Info for all network providers*

Molina posts a new comprehensive Provider Manual to our website semi-annually. However, changes can be made to the manual between updates. Always refer to the manual posted on our website under the "Manual" tab instead of printing hard copies. This practice ensures you are accessing the most up-to-date versions.

### Fighting Fraud, Waste and Abuse

Do you have suspicions of member or provider fraud? The Molina AlertLine is available 24 hours a day, 7 days a week, even on holidays at (866) 606-3889. Reports are confidential but you may choose to report anonymously.